

By Cynthia Martin

Diane Beattie is Integrated Vice President and Chief Information Officer, Health Information and Health Alliances – with the Strategic Alliances and Networks senior leadership role added in January 2003 – for London Health Sciences Centre (LHSC) and St. Joseph's Health Care (SJHC) London. She is responsible for strategic leadership in all aspects of health information management and information technology, focusing on the development of an IT strategic plan to support London hospitals. LHSC and SJHC employ more than 12,000 employees, and combined, their budgets total more than \$800 million.

In 1999/2000, Diane was chair of London Health Sciences Centre Board of Directors, which successfully oversaw the merging of the city's two teaching hospitals, and restructured its healthcare. She also served on London's Joint Committee on hospital restructuring and the Executive Committee of the Robarts Research Institute. She is quite familiar with Southern Ontario, as her previous career from 1982 to 2000 with Union Gas had her traveling throughout the region. She serves on the board of Ontario's SuperBuild Corporation, which is charged with reviewing the strategic and capital plan for the province. She is currently on the Ontario Hospital Association's e-Health Council and the Knowledge Management Strategic Advisory Committee.

Diane earned a Bachelors degree in mathematics from the University of Waterloo and a Masters in Business Administration from the University of Windsor, and serves on a number of community boards.

You originally went to university to complete a degree in mathematics. Why did that interest you then, and why the move to business administration?

My interest in numbers began in pre-school. To keep me out of mischief, my mom, who was a teacher, taught me to add, subtract and count by two's, five's and 10's. Having a solid foundation and the basics well in hand meant that in school math could be fun. My math degree focused on Actuarial Mathematical Statistics, the more practical side. Then, during the summers I worked for London Life and had a chance to experience taking mathematical concepts into a business application. The first roles I had after graduation were primarily in the systems field, since the companies I worked for in insurance and food processing expected that someone from the University of Waterloo



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must understand systems. In these roles, I had the opportunity to learn how the businesses actually operated in order to build effective solutions using technology. As I progressed in my career and began to lead teams, there were a great number of things I wanted to learn about, so an MBA was a natural transition.

How does your background in business development for utilities help in the health sector?

In many ways, business acumen, strategic thinking, systems thinking, building relationships and dealing with people were the key competencies of my role. As you move into senior roles in the public sector, these same skills are required.

Why did you decide to move from being chair to becoming the CIO?

It was a chance to contribute in a way that I couldn't do in the private sector, but it was a difficult decision, as I had

worked for Union Gas for 19 years and had been given many opportunities and a variety of experiences. My time as chair of the LHSC board was just about up when a few key people on the board suggested I take a serious look at working for the hospitals. I had been on the board for eight years and developed a passion for healthcare. There were three things that I think really influenced my decision. First, as chair of the Joint Committee on restructuring, I bought into the vision for healthcare in London. It was obvious that if we continued the way we were, particularly as the baby boom began to use the healthcare system, the quality of care would be jeopardized. Second, I learned a lot during that time about politics, how government works and the way the hospitals operated. The community leadership and the hospitals worked together to build a plan for the London hospitals. Third, during that time, I could compare the impact of enabling technology in the hospitals and in businesses. Again, it was obvious that although everyone in hospitals was working hard, there were, and still are, a number of things to be done to better use our scarce resources. Maybe the most important influence on my decision was that I met people like Dr. Charlie Drake and Dr. Ramsay Gunton, who I think are Canadian heroes.

You're an early electronic health record proponent, an e-health summit participant and stakeholder participant. You also gave a talk on plans to integrate a city-wide electronic health record (EHR). How has Infoway affected your work in creating a local and regional EHR systems?

It's certainly given me added enthusiasm and resolve, as the wider recognition and support of the need for the EHR is a real boost. This also allows a focus on sharing and collaboration from and with the other provinces and within Ontario, it has reinforced the clear need to work together. This has strengthened the top-down concepts, policy, statistics and frameworks, but also worked from the bottom up in looking at patient needs and local and regional implementation.

Your organization hosted a technology healthcare showcase of practical applications – such as robotic surgery, telepsychiatry and the Southwestern Ontario Telehealth Network linking 40 health agencies. What are some of the technological priorities that require infinitely more work?

When I worked for Union Gas and West Coast Energy years ago, we had a human resource system for all of Canada, with the benefit of centralized, common information. It was surprising to me that the hospitals – until a few short years ago – had four or five systems. As we head into the next fiscal year we have one platform city-wide and this offers tremendous benefits and economies of scale. We are

just beginning to use the infrastructure/connectivity of Smart Systems for Health and LARG*net. This connectivity allows for considerable sharing of information and applications. We are beginning to work with Thames Valley Hospitals (Middlesex, Oxford and Elgin County hospitals) to look for opportunities to share technology platforms for patient care, human resources, laboratories, financial systems and diagnostic imaging. It really is exciting to see these all develop into one cohesive system, using technology as the driver.



Understanding Robotic Surgery. Left to Right: Mrs. and Mr. Ivey, Diane Beattie, Dr. Menkus, Mike Harris and Dr. Boyd.

One of your previous roles was with SuperBuild, providing advice on public/private partnerships and privatization. What will you be doing in your new role of strategic alliances? Does this imply more private affiliations?

Certainly SuperBuild was an excellent opportunity to learn and understand how to effectively develop and manage private and public sector partnerships. At Union Gas, our team was a private sector partner with many municipalities. Private/public partnerships in healthcare need to be based on business needs. People and information are central to providing quality care and it is generally not advisable to outsource core business.

However, private sector interaction helps generate ideas and, therefore, activities become more productive, and creativity is not only essential, but also prized. We have a small IT shop in comparison to the size of the organizations supported. IT has 150 people servicing eight hospital facilities and three family medical centres, meaning 13,000 employees, 1,500 physicians, 3,500 students and numerous volunteers. In benchmarking with other organizations, our ratio of technical staff to employees is low. We don't develop our own software, so in essence we have "outsourced" that function. We have solid partnerships with Cerner and PeopleSoft and do a lot of project management and support of healthcare providers.

As we looked at the strategic direction for our portfolio, the one area that we have not begun to explore and develop is connecting with the community. With the addition of Strategic Alliances and Networks, we have the capability to work with others in the region to leverage investments and lower costs, but more importantly, help ensure care closer to home and to improve quality and coordination of care.

When you were chair of the LHSC board and celebrating the fifth anniversary as a merged organization, a co-authored message with Tony Dagnone (president and CEO) noted, “We are not simply meeting the standards for teaching hospitals in Ontario – we are setting many of them. They affirm our reputation as one of Canada’s leading hospitals.” Surely every teaching hospital can say this?

Now in London, there is a high level of integration and collaboration, with 15 priority programs. Our geography sets us up to be much more of a hub than some of the teaching hospitals clustered in Toronto. Recent results of the hospital report cards and benchmarking data give LHSC above average scores in patient satisfaction for physician care, nursing care, and overall quality of care. In all 34 reportable indicators across the four quadrants, LHSC performed either at or above the teaching hospital group average. LHSC showed its greatest improvement from last year in system integration and change, specifically for the innovative ways in which we use clinical and administrative data, and for the way in which patient care is coordinated among our many different caregivers and specialties.

Do you have a particular leadership and management style? I can’t see you being affected by flavour-of-the-month management theories.

I see management and leadership as a team game much like baseball: if you don’t have the right fielder, you can’t win. Everyone has a key role. For example, the IT help desk is not a function I can do, but for the hospital to run we need the service staffed with competent people. We all have to play to win/win. I don’t understand the thinking of those who play win/lose, or if they can’t win, everyone loses. This is not a productive use of energy or time.

What’s the best advice you were ever given? What advice do you have for new healthcare managers?

The best advice I’ve received was from Cal Schewry, one of my mentors at Union Gas. He said, “Look after your people and the sales and budgets will look after themselves.” I have found this to be true. By working together you’re always able to come up with a creative solution or idea and really contribute to the organization. The advice I give to

others is to listen, support and don’t be afraid to differ; we often miss opportunities and creative solutions because we jump to looking for what’s wrong with ideas before we understand.

If you could have three people to a dinner party, whom would you pick?

That’s a tough question, but the first person is an easy and automatic choice – John, my best friend, whom I’ve been married to for 27 years and who’s always there for me. Having a chance to talk about leadership and effective teams with some of Canada’s notable people would make for a fun evening. If he were alive, I would want to invite Charlie Drake, as he was definitely one of my heroes. And Wayne Gretzky, because he is such a team player and natural leader. Deputy Premier Elizabeth Witmer, as she epitomizes great leadership in local and provincial government – she was Minister of Health, when I was board chair at LHSC and we had some interesting conversations. Also J. Allyn Taylor, the retired CEO of Canada Trust, who at 95 is an amazing person and has been a champion for health-care in London for many years.

What books are you reading?

A lot at once and I have a stack beside the bed – but mostly I like to read about people. Right now I’m reading Mitch Albom’s *Tuesdays with Morrie* and Stuart McLean’s *Home from the Vinyl Café*. Also, *The Set-Up-to-Fail Syndrome: How Good Managers Cause Great People to Fail*, published by Harvard Business School; Rotman Dean Roger Martin’s *The Responsibility Virus*; and John Burdett’s *Leaders Must Lead*, a book I received at a seminar published by Executive Forum in Toronto. And of course, a couple of golf books – Mike Weir’s *On Course* with Mike Weir and Lorne Rubinstein’s *A Season in Dornoch*.



Travelling in Switzerland:
Diane and John Beattie.

Do you golf for fun or business?

Golf is for relaxation and fun – a four-hour walk in a park with talk. I’ve played a lot of “customer golf,” too, though – in those four hours you get pretty good insights into what people are all about.

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